

EXHIBIT 6

Minutes of Conference Call
August 11, 2010
Re: Federal DEA Investigation

Attendees: Drs. Patrick Connor, Elliot Pellman, Anthony Yates, George Caldwell, Anthony Casolaro, Arthur Rettig, Matthew Matava, Andrew Tucker. Ellen Rice was present to record minutes of the conference call.

Dr. Connor opened the call, at 7pm, and summarized what had been going on with regards to the current federal DEA investigation. He gave a brief history of the events up to date:

- New Orleans investigation
 - Internal arbitration regarding wrongful termination regarding stealing controlled substances
 - State or Fed investigation
 - Put the subject on the radar screen
- San Diego
 - Player was released who had 100 Vicodin in his position when pulled over. This raised Yellow flags with the DEA
 - DEA ran a query on Dr. Chao's prescription patterns. 100 rx from Dr. Chao to himself
 - Most were from SportPharm for stock bottles
 - SportPharm has now been stripped of their DEA certification

Dr. Connor reminded those in attendance that the San Diego situation is currently an ongoing federal investigation. The NFLPS and individual team physicians must maintain an arm's length regarding the events and the investigation.

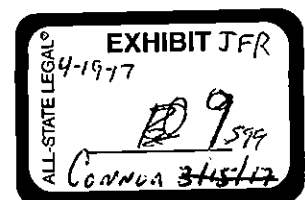
The NFL league office has hired Mary Jo White, former attorney general, to help the NFL through this process and to serve as an intermediary with the NFL and DEA. Dr. Pellman clarified DEA is an arm of the DOJ. It is helpful to have a former attorney general. He also clarified that the San Diego investigation is not an investigation of the team or athletic trainer. They are investigating the physician. They are not going after team physicians as a whole. They are not investigating athletic trainers.

Dr. Connor and Dr. Yates, along with Dr. Pellman, met with DEA representatives in Washington with purpose of opening lines of communication between DEA, the NFL league office and NFL physicians. The DEA presentation illustrated that the laws and statutes are very clear. There was no waffling on the part of the DEA.

The DEA presentation included a 78 slide powerpoint presentation, 1 ¾ hours on the current laws and statutes and 15 minutes on the abuse of narcotics

Dr. Connor summarized the DEA's take home messages:

- Written Rx are patient specific and medication specific.
- Common stock bottles, must be ordered using DEA form 222.
 - Form is online,
 - The use of stock bottles requires diligent record keeping
 - Stock bottles may come from a wholesaler or local pharmacy
- DEA registrant who orders the stock bottles is wholly and solely responsible
- DEA registrant must have a distinct DEA number for the specific address where the drugs are stored including training facility, stadium, and training camp)



- Registration is \$551 for 3 years
- Drugs must be stored in a secure manner, in a safe, with limited access
- Anyone who controls or handles the stock bottles, must have a DEA registration.
 - It cannot be an athletic trainer.
 - We as a group of MDs need to take this burden away from our athletic trainers.
- Drugs must be with the DEA registrant throughout the game and taken back to the address of the registration and locked up for the night
- Intermediary is not allowed to dispense controlled substances. A physician cannot write an Rx for the player but have trainer dispense the drug
- Trainer cannot dispense unless the particular state has a law stating that an athletic trainer can dispense, distribute, or handle controlled substances. There is no known state currently allowing this

Dr. Connor stated that it is clear that there are definitely some hurdles in taking the athletic trainer out of the loop, for home games.

Dr. Connor then discussed the issues regarding Away games

- Team physician cannot travel across state lines with stock bottles
- Cannot administer or dispense controlled substances in different state
- Cannot write an rx for controlled substance in different state

To work around, but not violate the law, a local MD, DEA registrant can provide controlled substances. This introduces the concept of an NFL stadium formulary. This would be an agreed upon list that would be consistently available at all NFL stadiums. The DEA registrant at that stadium would need to be available for away teams. This is going to need to be an MD other than the team physicians.

Dr. Connor identified some of the many questions surrounding the changes that will need to be made.

- Who would pay the 3rd party doctor.
- What about late at night needs.
- Need to insure standardization and consistency for every team.
- Agreed upon formulary.
- Timing of the changes. The changes won't be up and running right away.
- Is there an interim plan?

Dr. Connor then opened the call to comments and questions.

- In terms of morphine. If you need it on the field, paramedics carry it. That may cover issue of morphine on the field.
- What about a Field "code" kit which can also carry oral drugs. This doesn't address the night before issue (Ambien, Lomotil, etc).
- It is beyond the scope of the paramedics to distribute medications other than dosing them acutely.
- Travel issues
 - Regulations can be bent. Statutes cannot.
 - DEA will provide recommendations for in the air dispensing.
 - Teams whose training facility is in one state, but games are played in another

Dr. Pellman stated that the DEA made it perfectly clear that this is not about the best medical practice. Most statues went through congress in the mid 70s. This is about addiction and abuse and they are coming down on it across the board. Their only concern is about controlled substances, not medical licenses. It is a physician's responsibility for prescribing per the standard of the community.

Further discussion included:

- Any drug dispensed must be in a bottle, not a zip lock bag, and must have a label with patient's name, drug, dose. A written record must be maintained.
- Will 3rd party physician have to have contact and make note on patient, not just consult with team MD. Dr. Connor stated that MD to MD consultation may be OK

Further discussion included:

- How pick the third, independent DEA registrant. Tom Mayer and Dr. Pellman have been discussing this. It may be that the RSI MD is utilized.
- It is going to be complicated.
- In the beginning it may have to be the home team MD or team to team initially. This may prove to actually be a binding thing for the society as a whole.
- What about the Toronto game, out of the country. Dr. Pellman thought the league had set that up. He will get back to Colts and Bills team physicians.
- Other suggestions included
 - Ambian rx is going to have to be written before the game.
 - Ambien, Vicodin, or other controlled substance prescription given to the player to fill and keep in their own locker personally.
 - Fear is that players will become their own formulary. The DEA understands that. Again, they aren't discussing practicing medicine, they are discussing the laws.

Dr. Connor reminded everyone that the DEA came to the league. The DEA was very objective, but also very nice. It was not a punitive type setting. We are probably going to be well served by working with them. He said that moving forward, there will only formal communications with the DEA. There will be no negotiations.

Dr. Connor has already sent a letter on NFLPS letterhead thanking them for their input and advice. We don't want to give them the fodder that we have all been doing this wrong. We don't want to show them our deficiencies. DEA are coming to the Combine meetings.

There was some discussion about how this information would be disseminated to both the athletic trainers and other team physicians. Dr. Pellman stated that this information needs to come from the physicians – down. It must be handled delicately with the way the message goes to the ATCs. Memos will have to go out the general managers so MDs aren't bashed about being the ones who made the decision about this.

What is the plan of communication to all of the other team physicians?

- We will very carefully and very thoroughly draft info, with the help of the league attorneys, and put it on the members only area of the website.
- A personal e-mail will go to every member.
- A memo will go to 2 voting members. Temporary plan will be outlined.
- The team physicians should certainly speak with their athletic trainers
- The NFLPS executive committee will give potential solutions for local situations. However the committee must be open to suggestions from other team physicians.
- This entire process will require professional congeniality.

Call was closed at 8:20 pm.

Ellen Rice, Executive Administrative Assistant